

**CALIFORNIA ASSISTIVE TECHNOLOGY EXCHANGE (CATE)
AT DEVICE LOAN INSTRUCTION**

Instructions To CBOs:

1. Interested consumers will need to complete the following forms before equipments are loaned out:
 - 1) AT Device Loan Agreement Form
 - 2) AT Device Loan Form
 - 3) AT Device Loan Customer Survey
 - 4) AT Device Loan Return Slip
2. CBO staff will assist consumers in completing these forms.
3. Write legibly on all required fields.

AT Device Loan Agreement Form

1. In this section, **CBO Identification**, CBO staff must complete it.

Transaction #:

- **"Transaction #"** is to be completed by CBO staff. It is identified by the following format: e.g. ATEC00001. It is made up of the CBO's abbreviation and a number after the 4 leading zeroes. Each CBO will their appropriate CBO's abbreviation as listed in **"CBO Identification"** section.

CBO Identification:

- **"CBO"**: put a mark into the appropriate box that you are affiliated.
- **"Staff"**: write in the First Name and Last Name of the staff who is completing this form on this line provided.

Please read the following carefully. Your signature indicates that you agree to the terms listed below.

- Instruct the consumer to read the legal terms very carefully before signing.
- Then inform the consumer to write the date of signature in date format of MM/DD/YYYY (e.g. 01/01/2007).

2. CBO staff will assist consumer complete all of the required fields if it applies to them.

Consumer Address Information:

- Check only one box and put a mark in the box next to the home address or work address.
- **"Street Address"**: write the consumer's street address with street number, street name, and apartment number (if applicable).
- **"City"**: write the consumer's city that they reside or work in.
- **"State"**: write the consumer's state that they reside or work in.
- **"Zip Code"**: write the consumer's zip code that they reside or work in.
- **"County"**: write the consumer's county that they reside or work in.
- **"Home/Work/Cell Phone"**: write the consumer's home or work or cell phone number in this format (e.g. 111-222-3333).
- **"Pager/Fax"**: write the consumer's pager or fax number in this format (e.g. 111-222-3333).
- **"Email"**: write the consumer's email if applicable.

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AT Device Loan Form

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Transaction #:

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CBO Identification:

- **"CBO"**: put a mark into the appropriate box that you are affiliated.
- **"Staff"**: write in the First Name and Last Name of the staff who is completing this form on this line provided.

2. CBO staff will assist consumer complete all of the required fields if it applies to them.

Consumer Information:

- **"Today's Date"**: write the today's date that this form is being filled out in the date format of MM/DD/YYYY (e.g. 01/01/2007).
- **"Last Name"**: write the consumer's last name.
- **"First Name"**: write the consumer's first name.
- **"Middle Initial"**: write the consumer's middle initial.
- **"Organization"**: write the consumer's organization if applicable.

Consumer Home Address Information:

- **"Home Street Address"**: write the consumer's home street address with street number, street name, and apartment number (if applicable).
- **"City"**: write the consumer's city that they reside in.
- **"State"**: write the consumer's state that they reside in.
- **"Zip Code"**: write the consumer's zip code that they reside in.
- **"County"**: write the consumer's county that they reside in.

****Please Ask for either Home Phone or Cell Phone/Pager #****

- **"Home Phone"**: write the consumer's home phone number in this format (e.g. 111-222-3333).
- **"Cell Phone/Pager #"**: write the consumer's cell or pager phone number in this format (e.g. 111-222-3333).
- **"Home Email"**: write the consumer's home email if applicable.

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AT Device Loan Form (continued)

Consumer Work Address Information:

- **"Work Street Address"**: write the consumer's work street address with street number, street name, and suite number (if applicable).
- **"City"**: write the consumer's city that they work in.
- **"State"**: write the consumer's state that they work in.
- **"Zip Code"**: write the consumer's zip code that they work in.
- **"County"**: write the consumer's county that they work in.
- **"Work Phone"**: write the consumer's work phone number in this format (e.g. 111-222-3333).
- **"Work Fax"**: write the consumer's work fax number in this format (e.g. 111-222-3333).
- **"Work Email"**: write the consumer's work email if applicable.

Primary Purpose of Short-Term AT Device Loan:

- Check only one box and put a mark in the box next to the primary purposes of short-term AT device loan.

Purpose For Which AT is Needed:

- Check only one box and put a mark in the box next to the purposes for which AT is needed.

Type of Consumer:

- Check only one box and put a mark in the box next to the types of borrower.

Type of Device Loan:

- Check only one box and put a mark in the box next to the types of device loaned.

Age Category:

- Check only one box and put a mark in the box next to the age categories.

Disability Category:

- Check all boxes that apply and put a mark in the box next to the disability categories.

Method of AT Device Equipment Delivery:

- Check only one box and put a mark in the box next to the methods of AT device equipment delivery.

Length of Short-Term AT Device Loans:

- Check provide box and put a mark in the box next to the length of short-term AT device loans.

Start Date of AT Device Loan:

- Fill in the start date of AT Device Loan with the date format of MM/DD/YYYY (e.g. 01/01/2007).

Return Date of AT Device Loan:

- Fill in the return date of AT Device Loan with the date format of MM/DD/YYYY (e.g. 01/01/2007).

AT Device Borrowed:

- Fill in the item name of AT device(s) to be borrowed, its inventory number, number of items associated with that AT device(s).

Each of the above items are required to be returned back to the CBO on or before:

- Fill in the return date of AT Device Loan with the date format of MM/DD/YYYY (e.g. 01/01/2007).

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AT Device Loan Form (continued)

AT Device Consumer Signature:

- Have consumer review all items before signing.
- Fill in the date of signature with the date format of MM/DD/YYYY (e.g. 01/01/2007).

Extension AT Device Transactions:

- On each line item enter one loan extension period
- **"Extension Start Request Date"**: Enter the extended start request date in this column
- **"Extension End Request Date"**: Enter the extended end request date in this column

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AT Device Loan Customer Survey

1. In this section, **CBO Identification**, CBO staff must complete it.

Transaction #:

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CBO Identification:

- **"CBO"**: put a mark into the appropriate box that you are affiliated.
- **"Staff"**: write in the First Name and Last Name of the staff who is completing this form on this line provided.

Date of Service Delivery was Completed:

- This date is the end date of the borrowed AT device that consumer needs to have returned AT device back to CBO.
- Fill in the date of service delivery was completed with the date format of MM/DD/YYYY (e.g. 01/01/2007).

Date this form was Received:

- This date is the received date in which the form was received by the CBO.
- Fill in the date this form was received with the date format of MM/DD/YYYY (e.g. 01/01/2007).

2. In this section, **Customer Satisfaction**, the consumer will complete it before returning the borrowed AT device(s).

Which of the following best reflects your level of satisfaction with the services you received? (Check Only One Box)

- Check only one box and put a mark in the box next to the level of satisfaction.

The primary purpose for which I need (or the person I represent needs) an AT device or service is related to: (Check Only One Box)

- Check only one box and put a mark in the box next to the primary purpose of needed AT device.

What kind of decision about AT devices or services were you (or someone you represent) able to make after your device loan? (Check Only One Box)

- Check only one box and put a mark in the box next to the various decision made.

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AT Device Loan Return Slip

1. CBO staff will assist consumer complete all of the required fields if it applies to them.
2. The AT Device Loan Return Slip needs to be completed before the AT Devices are loaned out.

Transaction #:

- **"Transaction #"** is to be completed by CBO staff. It is identified by the following format: e.g. ATEC00001. It is made up of the CBO's abbreviation and a number after the 4 leading zeroes. Each CBO will their appropriate CBO's abbreviation as listed in **"CBO Identification"** section.

CBO Identification:

- **"CBO"**: put a mark into the appropriate box that you are affiliated.
- **"Staff"**: write in the First Name and Last Name of the staff who is completing this form on this line provided.

Consumer Information:

- **"Return Date"**: write the return date that AT device loan equipment is returned in date format of MM/DD/YYYY (for example: 01/01/2007).
- **"Last Name"**: write the consumer's last name.
- **"First Name"**: write the consumer's first name.
- **"Middle Initial"**: write the consumer's middle initial.
- **"Organization"**: write the consumer's organization if applicable.

Returned From Which Address:

Consumer Address Information:

- Check only one box and put a mark in the box next to the home address or work address.
- **"Street Address"**: write the consumer's street address with street number, street name, and apartment number or suite number (if applicable).
- **"City"**: write the consumer's city that they reside or work in.
- **"State"**: write the consumer's state that they reside or work in.
- **"Zip Code"**: write the consumer's zip code that they reside or work in.
- **"County"**: write the consumer's county that they reside or work in.
- **"Phone"**: write the consumer's phone number in this format (e.g. 111-222-3333).
- **"Fax"**: write the consumer's fax number in this format (e.g. 111-222-3333).
- **"Email"**: write the consumer's email if applicable.

AT Device Returned

- Fill in the item name of AT device to be returned, its inventory number, number of items associated with that AT device.

Returning To CBO:

- **"CBO"**: put a mark into the appropriate box that you are affiliated.
- **"CBO Address"**: place sticker address label of the CBO that you are affiliated.